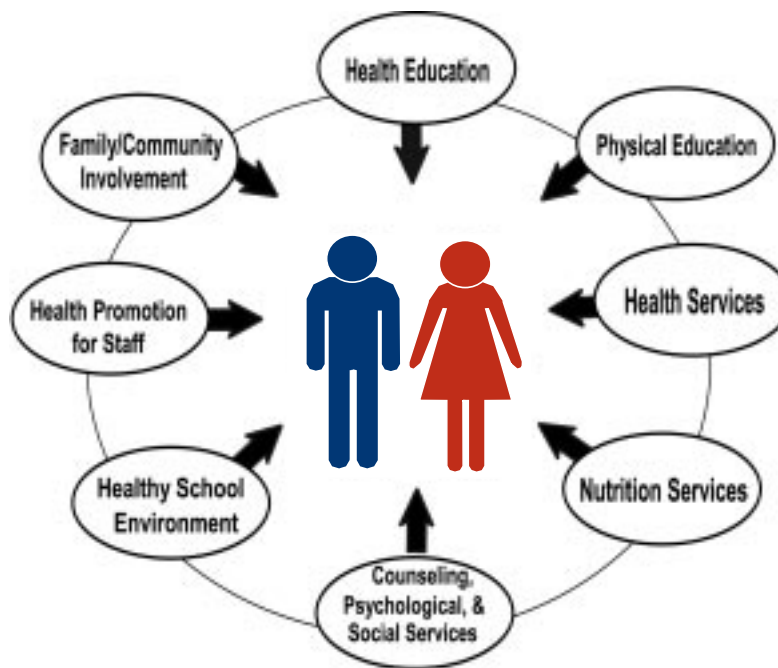


School Health Programs: An Investment in Our Nation's Future

AT-A-GLANCE
1999



"Schools could do more than perhaps any other single institution in society to help young people, and the adults they will become, to live healthier, longer, more satisfying, and more productive lives."

Carnegie Council on Adolescent Development



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Health Challenges of Youth

Many of the health challenges facing young people today are different from those of past decades. Advances in medications and vaccines have largely addressed the ravages once wrought on children by infectious diseases.

Today, the health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt.

Damaging Behaviors

A limited number of behaviors contribute markedly to today's major killers, such as heart disease, cancer, and injuries. These behaviors, often established during youth, include

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that can result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.

- Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).

These behaviors place young people at significantly increased risk for serious health problems, both now and in the future.

Youth Are at Risk

- ▶ Every day, nearly 3,000 young people take up smoking.
- ▶ Daily participation in high school physical education classes dropped from 42% in 1991 to 27% in 1997.
- ▶ Almost three-fourths of young people do not eat the recommended number of servings of fruits and vegetables.
- ▶ Every year, almost 1 million adolescents become pregnant, and about 3 million become infected with a sexually transmitted disease.

School Health Education Proven Effective

Every school day, 50 million young people attend more than 110,000 schools across our nation. Given the size and accessibility of this population, our schools can make an enormous, positive impact on the health of the nation.

Rigorous studies show that coordinated health education in schools effectively reduces the prevalence of health risk behaviors among youth. For example,

- Planned, sequential health education resulted in a 37% reduction in the onset of smoking among 7th-grade students.
- Self-reported reductions in drug use, alcohol consumption, and cigarette smoking were achieved through coordinated school health education.

- When students were enrolled in a school-based life skills training program, 44% fewer students used tobacco, alcohol, and marijuana one or more times per month than those not enrolled in the program.

In 1998, Congress emphasized the opportunity afforded by our nation's schools when it urged CDC to "expand its support of coordinated health education programs in schools."

Enthusiasm for addressing health among young people has grown in the private sector as well. National health and education organizations, including the American Medical Association, the American Cancer Society, and the National PTA, actively endorse a coordinated approach to health education in the school setting.

CDC Program Elements

Fiscal year 1999 funding of more than \$9.6 million enables CDC to strengthen national efforts for coordinated school health education and to provide direct support to 15 states.

National Framework

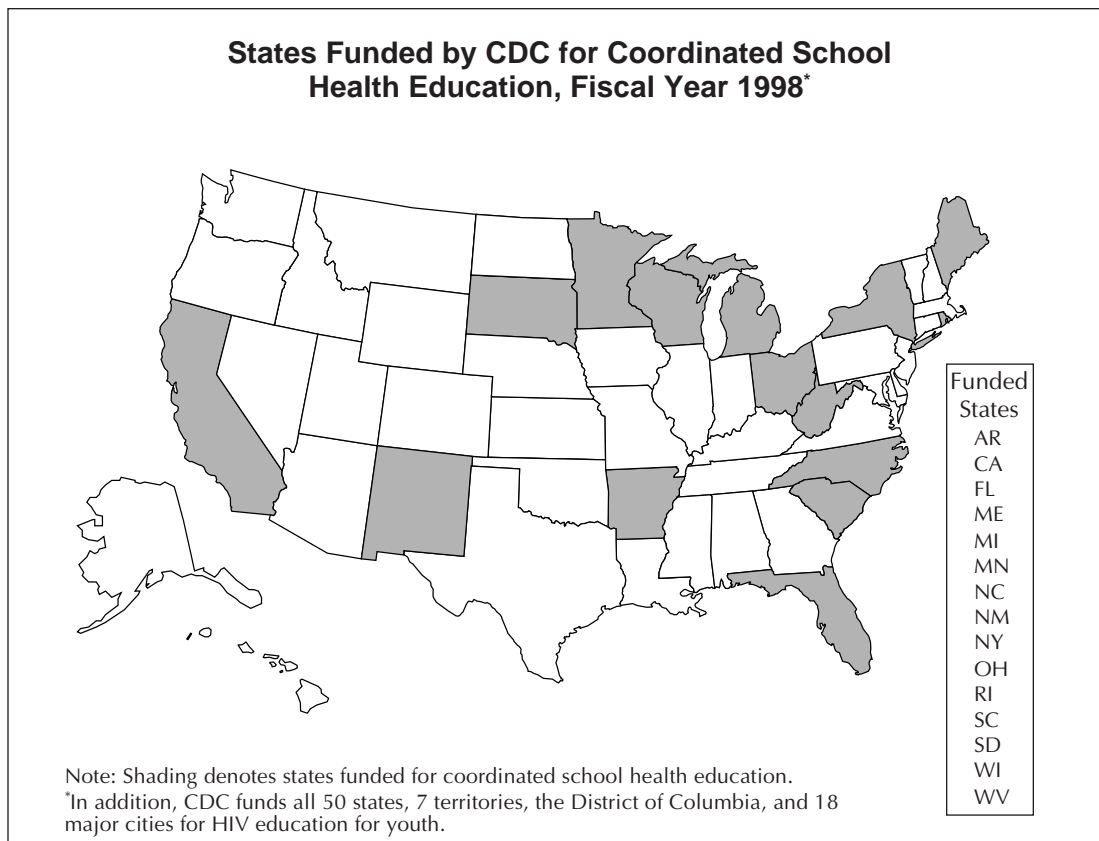
CDC has established a national framework to support coordinated health education programs in our nation's schools. More than 30 professional and voluntary organizations work with CDC to develop model policies, guidelines, and training to assist states in implementing high-quality school health education.

As part of this effort, CDC collaborates with scientists and education experts to identify curricula that have successfully reduced health risk behaviors among young people. CDC provides resources to ensure that these curricula, including training for teachers, are available nationwide for state and local education agencies interested in using them. Schools themselves decide which curricula best meet their students' needs.

State-Based Programs

Through the established national framework and in collaboration with health and education partners, CDC assists funded states to provide youth with information and skills needed to avoid risk behaviors, including tobacco use, unhealthy dietary behaviors, and inadequate physical activity. In addition to receiving instruction, students practice decision-making, communication, and peer-resistance skills to enable them to make positive health behavior choices.

In addition to the 15 states funded for coordinated school health programs, CDC helps all 50 states, 7 territories, the District of Columbia, and 18 major cities provide HIV education for youth. Through cooperative efforts with national organizations and the states, CDC supports training for more than 180,000 teachers annually on how to effectively administer HIV-education programs. These programs are designed to equip young people with skills and knowledge to avoid becoming infected with HIV and other sexually transmitted diseases. Fiscal year 1999 funding for HIV education in schools is approximately \$47 million.



School Health Education: Coordinated Efforts

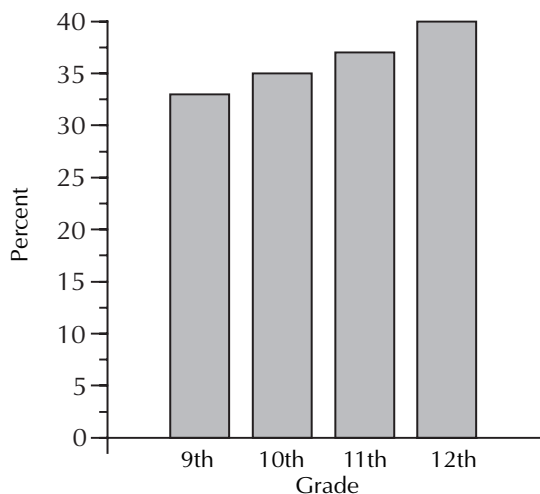
Research Benefits Schools

National efforts for coordinated school health education have been hampered by a lack of information on school health policies and programs. To address this need, CDC has conducted the School Health Policies and Programs Study to obtain valuable answers to specific questions about school health programs at the state, district, school, and classroom levels. For example, although most schools have a written policy prohibiting tobacco use, only about half have a policy that bans all smoking in school buildings and on school grounds.

Surveillance Plays a Key Role

Until recently, little was known about the prevalence of health risk behaviors among youth. The Youth Risk Behavior Surveillance System (YRBSS) now provides such information. Developed by CDC in cooperation with federal, state, and private-sector partners, this voluntary system includes a national survey of about 12,000 students and smaller surveys conducted by state and local education agencies. The YRBSS focuses on priority risk behaviors (e.g., tobacco use) and provides vital information to target or improve health programs.

Adolescents' Current Cigarette Use,* by Grade



*Reported smoking one or more cigarettes in the last 30 days.
Source: CDC, Youth Risk Behavior Survey, 1997.

CDC's Funded National Partners*

Advocates for Youth	National Association of Community Health Centers, Inc.
American Association for Health Education	National Association for Equal Opportunity in Higher Education
American Association of Colleges for Teacher Education	National Association of State Boards of Education
American Association of Community Colleges	National Association of Student Personnel Administrators
American Association of School Administrators	National Coalition of Advocates for Students
American Cancer Society	National Coalition of Hispanic Health and Human Services Organizations
American College Health Association	National Commission of Correctional Health Care
American Medical Association	National Conference of State Legislatures
American Nurses Association	National Education Association
American School Health Association	National Latina Health Network
Association of American Colleges and Universities	National Network for Youth
Bacchus and Gamma Peer Education Network	National School Boards Association
Communities in Schools, Inc.	National School Health Education Coalition
Comprehensive Health Education Foundation	Public Education Network
Council of Chief State School Officers	Sexuality Information and Education Council of the United States (SIECUS)
Education Development Center	United Negro College Fund
Education, Training, Research Associates	
GIRLS, Inc.	

*Fiscal year 1998.

**For more information or additional copies of this document, please contact the
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